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SERIAL NUMBER:	09 / 673905 ✓	RECEIPT DATE:	10 / 23 / 00 ✓
IA NUMBER:	PCT/ EP98 / 02775 ✓	IA FILING DATE:	05 / 12 / 99 ✓
FAMILY NAME:	GRADISCHING ✓	DELAY WAIVED (Y/N):	Y ✓
GIVEN NAME:	KLAUS ✓	DEMAND RECEIVED (Y/N):	Y ✓
PRIORITY CLAIMED (Y/N):	Y ✓	PRIORITY DATE:	04 / 22 / 98 ✓
NO BASIC FEE (Y/N):	N ✓	US DESIGNATED ONLY (Y/N):	N ✓
ATTORNEY DOCKET NUMBER:	P00,1834 ✓	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000 TELEPHONE 0000000000 FAX
NAME: SCHIFF HARDIN & WAITE ✓			
STREET: 6600 SEARS TOWER ✓			
CITY: CHICAGO ✓			
STATE/COUNTRY: IL ✓ ZIP: 60606 ✓			
EMAIL:			
APPLICATION TITLES:			
"SIGNALLING SYSTEM IN A SIGNALLING POINT" ✓			

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/673,905	<b>FILING DATE</b> 10/23/2000 <b>RULE</b> -	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> P00,1834	
<b>APPLICANTS</b> Klaus Gradischnig, Gauting, GERMANY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP98/02775 05/12/1998 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 98 107 336.4 04/22/1998 <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/30/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>QN</i>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> SCHIFF HARDIN & WAITE Patent Department 6600 Sears Tower Chicago ,IL 60606-6473					
<b>TITLE</b> Signalling system in a signalling point					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		